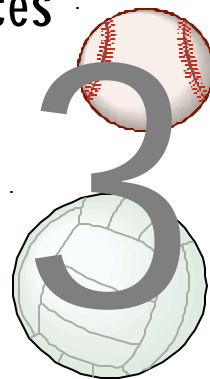


Rocklin Department of Community Services

ROCKLIN
XXL

ADULT SPORTS

Free Agent Form



PLEASE MARK THE SPORT AND DIVISION OF PLAY YOU ARE REQUESTING

- | | | |
|--|--|---|
| <input type="checkbox"/> VOLLEYBALL
(Spring & Summer) | <input type="checkbox"/> Wednesday Coed Sixes C-1
<input type="checkbox"/> Thursday Reverse Coed Doubles A-1 | <input type="checkbox"/> Wednesday Mixed Quads B-1 |
| <input type="checkbox"/> VOLLEYBALL
(Fall & Winter) | <input type="checkbox"/> Sunday Coed Sixes D-1
<input type="checkbox"/> Sunday Reverse Coed Quads A-1 | <input type="checkbox"/> Sunday Mixed Quads B-1
<input type="checkbox"/> Tuesday Coed Sixes C-1 |
| <input type="checkbox"/> BASKETBALL
(Fall & Winter) | <input type="checkbox"/> Sunday Adult D-1 | |
| <input type="checkbox"/> SOFTBALL
(Spring, Summer & Fall) | <input type="checkbox"/> Sunday Men's D-1
<input type="checkbox"/> Monday Men's D-1
<input type="checkbox"/> Tuesday Men's D-2 | <input type="checkbox"/> Sunday Coed D-1
<input type="checkbox"/> Monday Coed D-2
<input type="checkbox"/> Wednesday Men's D-2
<input type="checkbox"/> Sunday Coed D-2
<input type="checkbox"/> Tuesday Men's D-1
<input type="checkbox"/> Thursday Men's D-2 |

Player Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

DID YOU PLAY IN A ROCKLIN LEAGUE DURING 2002? YES ____ NO ____ WHEN? _____

I hereby request placement of the above named player in the City of Rocklin's Adult Sports League. I understand that I will abide by the rules and regulations set by the City of Rocklin's Recreation Division of the Department of Community Services & Facilities. I realize that any falsification of roster or failure to follow league rules may result in the above-named player being dropped from the activity, and forfeiture of all fees paid.

Player's signature: _____ Date: _____

RELEASE & INDEMNITY

In consideration for being permitted by the City of Rocklin to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child (if participating) may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child's participation in the activity(ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity(ies); knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs and assigns. In addition, I agree to indemnify and hold harmless city and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child's participation in the activity(ies) described above, caused in whole or in part by my or my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

I HAVE CAREFULLY READ THE ABOVE RELEASE & INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY THE CITY AND I SIGN IT OF MY OWN FREE WILL.

Signature of Participant (if under 18, Parent or Guardian) _____ Date _____

Amount: _____ Ck#: _____ Receipt#: _____ Date: _____ By: _____